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FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra W. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759466 (6)
1. Corporation Name
THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6240 A1A SOUTH ST AUGUSTINE FL 32084	Mailing Address BAREFOOT TRACE CONDO 6240 A1A SOUTH ST. AUGUSTINE FL 32084-7567 US
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3. Date incorporated or Qualified 07/30/1981	3a. Date of Last Report 06/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2148945	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**None Required
6240 A1A SOUTH
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name Agatha Mergenovich
82 Street Address (P.O. Box Number is Not Acceptable) 6240 A1A South #301
83 City St. Augustine
84 State FL
85 Zip Code 32084

M. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Agatha Mergenovich* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD ROSS 6240 A1A ST. AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MERGENOVICH, AGATHA 6240 A1A SOUTH ST. AUGUSTINE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITE, MARDEE 6240 A1A SOUTH ST AUGUSTINE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A SA Cox 6240 A1A South #407 St Augustine, Fl.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEA, ROSE 6240 A1A SOUTH St. Augustine, Fl.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Agatha Mergenovich 6240 A1A South #301 St. Augustine, Fl.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	F FRANCISCA 6240 A1A SOUTH ST AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kayda Feeley 6240 A1A South #105 St. Augustine, Fl
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Bill Whitten 6240 A1A South #104 St. Augustine, Fl.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Bill Haas 6240 A1A South #206 St. Aug, Fl.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Agatha Mergenovich* #19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001340

CR2E037 (9/96)